

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16101**  
Registrar's No. **3978**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>16101</b>		Registrar's No. <b>3978</b>		
1. PLACE OF DEATH a. COUNTY _____					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>			c. LENGTH OF STAY (in this place) <b>8 days</b>		c. CITY OR TOWN <b>Poplar Bluff</b>			d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>					e. STREET ADDRESS (If rural, give location) <b>0124</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>			b. (Middle) <b>Elizabeth</b>		c. (Last) <b>Phillips</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 15, 1953</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>Feb. 21, 1889</b>		9. AGE (In years last birthday) <b>64</b> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 1 MRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Nora, Nebraska</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>John W. Roland</b>				13b. MOTHER'S MAIDEN NAME <b>Martha E. Estes</b>			14. NAME OF HUSBAND OR WIFE <b>Arthur E.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Hugh Roland, Poplar Bluff, Mo.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemorrhage (post operative)</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Rt. radical mastectomy non-malignant</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Acute renal failure</b>						INTERVAL BETWEEN ONSET AND DEATH <b>12</b>		
19a. DATE OF OPERATION <b>4/8/53</b>		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>213X</b>						
22. I hereby certify that I attended the deceased from <b>April 7, 1953</b> , to <b>April 15, 1953</b> ; that I last saw the deceased alive on <b>April 15, 1953</b> , and that death occurred at <b>8:20A m.</b> , from the causes and on the date stated above.										
23a. SIGNATURE <b>F.R. Bradley</b> (Degree or title) <b>M. D.</b>				23b. ADDRESS <b>BARNES HOSPITAL</b>			23c. DATE SIGNED <b>4/15/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4-15-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City</b>		24d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Mo.</b>				
DATE REC'D BY LOCAL REG. <b>APR 16 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>				

S.P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Comedo Carcinoma - Not malignant.  
Dr. Vermillion

JUN 18 1953

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No..... 3613

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.